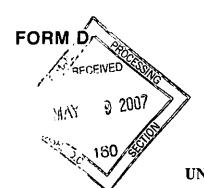
1142888



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	U/U5362/
Common Stock of Signature, Inc.	
Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	MAY 3 0 2007
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Signature, Inc.	HOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code) 1125 SR 311, Clovis, NM 88101	Telephone Number (Including Area Code) (505) 762-9313
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Development and distribution (wholesale) of sl	
Type of Business Organization XX corporation limited partnership, already formed other (p	COSMETICS lease specify):
Month Year Actual or Estimated Date of Incorporation or Organization: O 2 9 1 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate lederal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter XX Beneficial Owner XX Executive Officer XX Director General and/or Managing Partner
Full Name (Last name first, if individual)
Reid, Ritchie
Business or Residence Address (Number and Street, City, State, Zip Code)
1125 SR 311, Clovis, NM 88101
Check Box(es) that Apply: Promoter XX Beneficial Owner XX Executive Officer XX Director General and/or Managing Partner
Full Name (Last name first, if individual)
Reid-Carlyle, Rebecca
Business or Residence Address (Number and Street, City, State, Zip Code)
1125 SR 311, Clovis, NM 88101
Check Box(es) that Apply: Promoter XX Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Reid, Brandon
Business or Residence Address (Number and Street, City, State, Zip Code) 1125 SR 311, Clovis, NM 88101
Check Box(es) that Apply: Promoter XX Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Reid, Melody
Business or Residence Address (Number and Street, City, State, Zip Code) 1125 SR 311, Clovis, NM 88101
Check Box(es) that Apply: Promoter K Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Reid, Dustin
Business or Residence Address (Number and Street, City, State. Zip Code) 1125 SR 3,11, Clovis, NM 88101
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
to be mark affect, of copy and use additional copies of this silver, as necessary

				В.	INFORMA	TION ABO	UT OFFEI	RING				
											Yes	No
1. Has	the issuer so	ola, or does									<u>.</u> <u>K</u>	
2 What	. :a ela:.::				in Appendi		7				- 3 3	3,000.00
2. What	t is the mini	mum invest	ment that	will be acc	epted from	any indiv	idual?		••••••••	•••••	··· J	_
3. Does	the offering	g permit joi:	nt ownersh	ip of a sin	gle unit?						Yes [₸	No K
4. Enter	the inform	ation reque	sted for ea	ch person	who has be	en or will	be paid or	given, dir	ectly or in	directly, ar	ıy	_
	nission or sid erson to be l											
	tes, list the i											
	ker or deale			ne informa	tion for tha	t broker or	dealer on	ly.				
Full Name	(Last name										_	-
Duciness	NOT or Residence	Appli			'ity Cinta	Zin Code)				·		
Dusiness (n Kesidenet	. Madiess (i	vanioer an	id bucce c	ity, State.	Zip Codc)						
Name of A	Associated E	roker or De	aler									
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	Vhich Perso											
(Chec	k "All State	s" or check	individua	I States)	***************************************				***************************************		. 🗌 A	If States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪĎ
IL	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
RI	[SC]	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)					<u> </u>				
Business of	or Residence	e Address (Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler		-							
G in N	hich Persor	7:-4-3 77-	C.11 1. 1		- G 11: 1:							
	k "All State:											1 62-4
(Cileti	K All States	S UI CHECK	morvious	States)	***************************************						U AI	! States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	[N]	IA	KS	[KY]	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	XI) ,	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	[30]		110	<u> </u>		L <u>* L</u> J	<u> </u>	<u>("A</u>			W I	[FK]
Full Name	(Last name	first, if indi	vidual)						-			-
Business o	r Residence	Address (N	Jumber an	d Street C	ity State	Zin Code)					· · ·	
B43¢35 0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· camber an	4 3 00 ., C	ny. Otale,	E.IP COCC,						
Name of As	ssociated Br	oker or Dea	ıler			· · · · · · · · · · · · · · · · · · ·			· - ; , , , , , , , , , , , , , , , , , ,	·····		
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	·	_, _, _,				
(Check	"All States	" or check	individual	States)	••••••	****************					☐ All	States
AL	AK	AZ	AR	CA	CO	CT	DE	[DC]	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT.	NE	NV	NH	NI	NM TTT	NY	NC VA	ND]	OH	OK (NO)	OR WWW	PA
RI	SC	SD		$\mathbb{T}X$	UT)	VT	$\nabla \Lambda$	$\overline{\mathbf{W}}\mathbf{A}$	WV	WI	$\mathbf{W}\mathbf{Y}$	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k i		.	• 1 do
	Type of Security	Aggrega Offering P		Am	ount Already Sold:
		0			0
	Debt		00	-99	000 00
	Equity	\$ 23,000	•••	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Common Preferred	. 0		_	0
	Convertible Securities (including warrants)			<u>s</u>	
	Partnership Interests	*		s	0
	Other (Specify)	<u>\$</u> _		S	
	Total	\$ 99,000	<u>,, 00</u>	\$_99	,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Doi of	Aggregate llar Amount Purchases O
	Accredited Investors			S	
	Non-accredited Investors	·- 2		\$ <u>9</u>	9,000.00 9,000.00
	Total (for filings under Rule 504 only)			s	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		Dol	lar Amount Sold
	Rule 505	0		s	0
	Regulation A	0		s	0
	Rule 504	0		S	0
	Total	Ó		<u>s_0.</u>	00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			s _	
	Printing and Engraving Costs			s	
	Legal Fees			s	
	Accounting Fees			s	
	Engineering Fees	******		s	
	Sales Commissions (specify finders' fees separately)			s	
	Other Expenses (identify)				
	Total			0.0	0

L	C. OFFERING PRICE, NI	MBER OF INVESTORS, EXPENSE	S AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	-Question 4.a. This difference is the	ne "adjusted gross		s 99,000.00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnish I of the payments listed must equal th	an estimate and		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		······] S2	_ 🗆 s
	Purchase of real estate] S	_ 🗆 S
	Purchase, rental or leasing and installation of m and equipment	achinery] \$	_ 🗆 s
	Construction or leasing of plant buildings and fa	acilities] S	s
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	isets or securities of another			
	Repayment of indebtedness			s	жж s 99,000.0
	Working capital			s	. 🗆 S
	Other (specify):			s	. 🗆 \$
				s	s
	Column Totals	***************************************		<u>s 0.00</u>	□\$ <u>99,000.00</u>
	Total Payments Listed (column totals added)	·			
Ç.	等端,也不是一种"数"与实验是这一类的 。	D. FEDERAL SIGNATURE	· 関節に 対象	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
igna	ssuer has duly caused this notice to be signed by the ture constitutes an undertaking by the issuer to fu formation furnished by the issuer to any non-ac-	te undersigned duly authorized personants to the U.S. Securities and Exc	on. If this notice is change Commission	filed under Ru on, upon writte	le 505, the following
ssuc	(Print or Type)	Signature	Da	te	
	ignature, Inc.	Offe Of		3.2-8	2007
ame	of Signer (Print or Type)	Title of Signer (Print or Type)			
	itchie Reid	President			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATUR	E		.:.
1.		R 230.262 presently subject to any of the d		Yes	No
		See Appendix, Column 5, for state	e response.		
2.	The undersigned issuer hereby u D (17 CFR 239.500) at such tir	ndertakes to furnish to any state administrate nes as required by state law.	or of any state in which this not	ice is filed a no	tice on Fort
3.	The undersigned issuer hereby issuer to offerees.	undertakes to furnish to the state administra	ators, upon written request, in	formation furn	ished by th
4.	limited Offering Exemption (UI	nts that the issuer is familiar with the condi LOE) of the state in which this notice is filed n of establishing that these conditions have	l and understands that the issu		
	er has read this notification and kr thorized person.	nows the contents to be true and has duly caus	ed this notice to be signed on it	s behalf by the	undersign e
Issuer (Print or Type)	Signature	Date	· · · · · · · · · · · · · · · · · · ·	
	Print or Type)				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI	PENDIX	* •			
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK							!		[.
AZ									
AR									
CA	1								
со									
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	APPENDIX										
1	Intend to non-a investor	1 to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Number of Number of Non-Accredited			Yes	No		
МО											
МТ											
NE											
NV			·				1				
NH									!		
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NM											
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1		2	3			5 Disqualification			
•	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ate ULOE, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									,
PR						·			

